

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2							52					
3		12					53					
4		10					54					
5		10					55					
6		1					56					
7		12					57					
8		1					58					
9		1					59					
10		10					60					
11		10					61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
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24							74					
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27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
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35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	10						TOTAL DEP.					
TOTAL CLAIMS	11						TOTAL CLAIMS					